



TOWN OF AQUINNAH BOARD OF HEALTH

955 State Road Aquinnah MA 02535

phone: (508) 645-2309

email: boh-assistant@aquinnah-ma.gov

Permit # _____

Fee \$25 _____

Application for Temporary Food Permit

type: _____ public retail event _____ private catered event

service method: _____ tent _____ mobile unit _____ permanent structure

location of event: _____

event date(s): _____

name of applicant: _____

***kitchen address:** _____

mailing address: _____

phone: _____ **email:** _____

***event manager(s):** _____

phone: _____ **email:** _____

**Please include a copy of your Food Establishment Permit and ServSafe Certificate*



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Application for Temporary Food Permit Continued

water source: ____ well ____ bottled ____ other _____

fuel source: ____ electric ____ gas ____ other _____

septic or portable bathrooms: _____

fly and rodent control - methods and procedures:

trash/recycling/food waste - methods and procedures:

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and other applicable law.

The Federal Food Code can be viewed online and downloaded at:

<https://www.fda.gov/media/110822/download>

Signature of applicant: _____ date: _____

Board of Health approval: _____

effective date: _____ expires: _____